

COVER SHEET		Court Identification Docket # 661 CI County # 6 Judicial District 1 Court ID CH, CI, CO 2015 Case Year Month 03 Date 12 Year 15 This area to be completed by clerk			Docket Number 61 Local Docket ID 1																						
Civil Case Filing Form <i>(To be completed by Attorney/Party Prior to Filing of Pleading)</i>		Mississippi Supreme Court Form AOC/03 (Rev 2009)																									
Plaintiff - Party(ies) Initially Bringing Suit Should Be Entered First - Enter Additional Plaintiffs on Separate Form		Case Number if filed prior to 1/1/94																									
Individual HAYES		Court of STONE County - — Judicial District																									
Origin of Suit (Place an "X" in one box only)		<input checked="" type="checkbox"/> Initial Filing <input type="checkbox"/> Reinstated <input type="checkbox"/> Remanded <input type="checkbox"/> Reopened <input type="checkbox"/> Foreign Judgment Enrolled <input type="checkbox"/> Joining Suit/Action <input type="checkbox"/> Transfer from Other court <input type="checkbox"/> Appeal <input type="checkbox"/> Other																									
Business ASHLEY		Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated <input type="checkbox"/> Check (x) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below: D/B/A —																									
Address of Plaintiff 108 Ruston Road, Carriere, MS 39426		Attorney (Name & Address) Michael W. Crosby, 2111 25th Avenue, Gulfport, MS 39501 MS Bar No. 7888 <input type="checkbox"/> Check (x) if Individual Filing Initial Pleading is NOT an attorney Signature of Individual Filing: (J.W.)																									
Defendant - Name of Defendant - Enter Additional Defendants on Separate Form		Individual STONE COUNTY, MISSISSIPPI, 323 E Cavers Avenue, Wiggins, MS 39577 Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated <input type="checkbox"/> Check (x) if Business Defendant is acting in the name of an entity other than the above, and enter below: D/B/A —																									
Attorney (Name & Address) - If Known		MS Bar No. —																									
Damages Sought: Compensatory \$ 1,000,000.00 Punitive \$ —		Check (x) if child support is contemplated as an issue in this suit. <small>*If checked, please submit completed Child Support Information Sheet with this Cover Sheet</small>																									
Nature of Suit (Place an "X" in one box only)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;"> Domestic Relations <ul style="list-style-type: none"> <input type="checkbox"/> Child Custody/Visitation <input type="checkbox"/> Child Support <input type="checkbox"/> Contempt <input type="checkbox"/> Divorce/Fault <input type="checkbox"/> Divorce: Irreconcilable Diff. <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Emancipation <input type="checkbox"/> Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Property Division <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> UIFSA (eff 7/1/97; formerly URESA) <input type="checkbox"/> Other </td> <td style="width: 33%; padding: 5px;"> Business/Commercial <ul style="list-style-type: none"> <input type="checkbox"/> Accounting (Business) <input type="checkbox"/> Business Dissolution <input type="checkbox"/> Debt Collection <input type="checkbox"/> Employment <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Replevin <input type="checkbox"/> Other </td> <td style="width: 33%; 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EXHIBIT

A

IN THE CIRCUIT COURT OF STONE COUNTY, MISSISSIPPI
JUDICIAL DISTRICT, CITY OF

Docket No. _____ - File Yr _____ Chronological No. _____ Clerk's Local ID _____ Docket No. If Filed Prior to 1/1/94 _____

**PLAINTIFFS IN REFERENCED CAUSE - Page 1 of _____ Plaintiffs Pages
 IN ADDITION TO PLAINTIFF SHOWN ON CIVIL CASE FILING FORM COVER SHEET**

Plaintiff #2:

Individual: _____ (Last Name _____ First Name _____ Maiden Name, if Applicable _____ Middle Init. _____ Jr/Sr/III/IV) _____
 Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:
 Estate of _____
 Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:
 D/B/A _____
 Business Estate of William Henry Hutchison, care of attorney Michael W. Crosby, 2111 25th Avenue, Gulfport, MS 39501
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated
 Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:
 D/B/A _____
 ATTORNEY FOR THIS PLAINTIFF: 7888 Bar # or Name: Michael W. Crosby Pro Hac Vice (✓) Not an Attorney(✓) _____

Plaintiff #3:

Individual: _____ (Last Name _____ First Name _____ Maiden Name, if Applicable _____ Middle Init. _____ Jr/Sr/III/IV) _____
 Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:
 Estate of _____
 Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:
 D/B/A _____
 Business _____
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated
 Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:
 D/B/A _____
 ATTORNEY FOR THIS PLAINTIFF: _____ Bar # or Name: _____ Pro Hac Vice (✓) Not an Attorney(✓) _____

Plaintiff #4:

Individual: _____ (Last Name _____ First Name _____ Maiden Name, if Applicable _____ Middle Init. _____ Jr/Sr/III/IV) _____
 Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:
 Estate of _____
 Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:
 D/B/A _____
 Business _____
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated
 Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:
 D/B/A _____
 ATTORNEY FOR THIS PLAINTIFF: _____ Bar # or Name: _____ Pro Hac Vice (✓) Not an Attorney(✓) _____

IN THE CIRCUIT COURT OF STONE COUNTY, MISSISSIPPI
JUDICIAL DISTRICT, CITY OF

Docket No. _____ File Yr _____ Chronological No. _____ Clerk's Local ID _____ Docket No. If Filed Prior to 1/1/94 _____

**DEFENDANTS IN REFERENCED CAUSE - Page 1 of _____ Defendants Pages
IN ADDITION TO DEFENDANT SHOWN ON CIVIL CASE FILING FORM COVER SHEET**

Defendant #2:

Individual: BREWER FRANKLIN (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV
Last Name First Name _____ _____ _____ _____ _____ _____

Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:
Estate of _____

Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:
D/B/A _____

Business WARDEN OF STONE COUNTY CORRECTIONAL FACILITY, 1420 Industrial Park Road, Wiggins, MS 39577
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:
D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

Defendant #3:

Individual: FARMER MIKE (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV
Last Name First Name _____ _____ _____ _____ _____ _____

Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:
Estate of _____

Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:
D/B/A _____

Business STONE COUNTY CORRECTIONAL FACILITY, 1420 Industrial Park Road, Wiggins, MS 39577
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:
D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

Defendant #4:

Individual: SHERIFF STONE COUNTY CORRECTIONAL FACILITY 1420 Industrial Park Road, Wiggins, MS 39577 (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV
Last Name First Name _____ _____ _____ _____ _____ _____

Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:
Estate of _____

Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:
D/B/A _____

Business SHERIFF, STONE COUNTY CORRECTIONAL FACILITY, 1420 Industrial Park Road, Wiggins, MS 39577
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

Check (✓) if Business Defendant is being sued in the name of an entity other than the above, and enter below:
D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

IN THE CIRCUIT COURT OF STONE COUNTY, MISSISSIPPI
JUDICIAL DISTRICT, CITY OF

Docket No. _____ File Yr _____ Chronological No. _____ Clerk's Local ID _____ Docket No. If Filed Prior to 1/1/94 _____

**DEFENDANTS IN REFERENCED CAUSE - Page ___ of ___ Defendants Pages
IN ADDITION TO DEFENDANT SHOWN ON CIVIL CASE FILING FORM COVER SHEET**

Defendant # 5 :

Individual: _____ Last Name _____ First Name _____ (_____ Maiden Name, if Applicable _____) Middle Init. Jr/Sr/III/IV _____

Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:
D/B/A _____

Business STONE COUNTY BOARD OF SUPERVISORS, 323 E. Cavers Avenue, Wiggins, MS 39577
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

Defendant # :

Individual: _____ Last Name _____ First Name _____ (_____ Maiden Name, if Applicable _____) Middle Init. Jr/Sr/III/IV _____

Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:
D/B/A _____

Business
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

Defendant # :

Individual: _____ Last Name _____ First Name _____ (_____ Maiden Name, if Applicable _____) Middle Init. Jr/Sr/III/IV _____

Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:
D/B/A _____

Business
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

IN CIRCUIT COURT OF STONE COUNTY, MISSISSIPPI

ASHLEY NICOLE HAYES, ADMINISTRATOR OF THE
ESTATE OF WILLIAM HENRY HUTCHISON AND
ON BEHALF OF THE HEIRS AT LAW OF THE ESTATE OF
WILLIAM HENRY HUTCHISON

PLAINTIFF

VERSUS

STONE COUNTY, MISSISSIPPI,
WARDEN FRANKLIN BREWER
in his individual and official capacities,
STONE COUNTY CORRECTIONAL FACILITY,
SHERIFF MIKE FARMER,
in his individual and official capacities; and
STONE COUNTY BOARD OF SUPERVISORS

CIVIL ACTION No.: 2015-61

FILED

MAR 12 2015

STONE COUNTY, MISS.
KENNY HAYES, MS.
BY *Kenny Hayes*
DEFENDANTS
D.C.

COMPLAINT

COMES NOW the Plaintiffs, ASHLEY NICOLE HAYES, ADMINISTRATOR OF THE
ESTATE OF WILLIAM HENRY HUTCHISON AND ON BEHALF OF THE HEIRS AT LAW
OF WILLIAM HENRY HUTCHISON, by and through their attorney, Michael W. Crosby, and
file this Complaint against the Defendants, STONE COUNTY, MISSISSIPPI; WARDEN
FRANKLIN BREWER, in his individual and official capacities; STONE COUNTY
CORRECTIONAL FACILITY, SHERIFF MIKE FARMER, in his individual and official
capacities; and STONE COUNTY BOARD OF SUPERVISORS, and in support thereof would
respectfully show unto the Court the following:

1. The Plaintiff, ASHLEY NICOLE HAYES is an adult resident citizen of Pearl River County, Mississippi residing at 36 Jenkins Road, Carriere, MS 39426.
2. At the time of his death, WILLIAM HENRY HUTCHISON was an adult resident citizen of Stone County, Mississippi

3. The Defendant, STONE COUNTY, MISSISSIPPI may be served with process by service upon Gerald Bond, Chancery Clerk, at 323 E. Cavers Avenue, Wiggins, Mississippi 39577.
4. The Defendant, WARDEN FRANKLIN BREWER, in his individual and official capacities, may be served with process at Stone County Correctional Facility, 1420 Industrial Park Road, Wiggins, Mississippi 39577.
5. The Defendant, STONE COUNTY CORRECTIONAL FACILITY may be served with process at upon Warden Franklin Brewer, Stone County Correctional Facility, 1420 Industrial Park Road, Wiggins, Mississippi 39577.
6. The Defendant, SHERIFF MIKE FARMER, in his individual and official capacities, may be served with process at Stone County Correctional Facility, 1420 Industrial Park Road, Wiggins, Mississippi 39577.
7. The Defendant, STONE COUNTY BOARD OF SUPERVISORS, may be served with process by service upon Scott Strickland, Board President, through U.S. mail at P.O. Drawer 7, Wiggins, MS 39577 or via personal at 323 E. Cavers Avenue, Wiggins, MS 39577.

JURISDICTION/VENUE

8. This Court has jurisdiction over the parties and the subject matter herein. Venue is proper in that the incident that gave rise to this cause of action occurred in Stone County, Mississippi.

FACTS

9. On March 12, 2012, William Henry Hutchison was arrested on a charge of disturbing the peace and was brought to the Stone County Correctional Facility.
10. William Henry Hutchison's status was checked in approximately 30 minute intervals commencing at 5:10 a.m. when he was placed in the female holding cell.

11. At approximately 9:15 a.m., William Henry Hutchison was found asphyxiated with shoelaces around his neck.

12. The Defendants were negligent in their duty to screen William Henry Hutchison as a potential suicide.

13. The Defendants were negligent in their duty to set up a suicide watch for William Henry Hutchison.

14. The Defendants were negligent in their duty to remove objects from the person of William Henry Hutchison which could be used to harm him or others.

15. The Defendants were negligent in their duty to provide an environment in which William Henry Hutchison could not harm himself or others.

16. The Defendants, Warden Franklin Brewer and Sheriff Mike Farmer, while acting under color of law and in violation of 42 U.S.C. 1983, denied medical attention to the incarcerated William Henry Hutchison on March 12, 2012.

17. The Defendants, Warden Franklin Brewer and Sheriff Mike Farmer, while acting under color of law and in violation of 42 U.S.C. 1983, were deliberately indifferent to the serious medical need of William Henry Hutchison on March 12, 2012.

18. The Defendants, Warden Franklin Brewer and Sheriff Mike Farmer, while acting under color of law and in violation of 42 U.S.C. 1983, permitted a state created the danger to the incarcerated William Henry Hutchison on March 12, 2012, when they did not remove the shoe laces from his shoes prior to him entering the jail cell.

19. The Defendants, Stone County, Mississippi, Stone County Correctional Facility, and the Stone County Board of Supervisors, while acting under color of law and in violation of 42 U.S.C. 1983, proximately caused the death of William Henry Hutchison on March 12, 2012, by

allowing the policies and practices regarding their deliberate indifference and failure to train their employees for observation of incarcerated persons with suicidal tendencies. William Henry Hutchison had been previously held at a mental facility for a suicide attempt in 2008.

20. The Defendants, Stone County, Mississippi, Stone County Correctional Facility, and the Stone County Board of Supervisors, while acting under color of law and in violation of 42 U.S.C. 1983, proximately caused the death of William Henry Hutchison on March 12, 2012, by allowing the policies and practices regarding failure to train their employees to withhold items from incarcerated individuals that can be used to the detriment of an incarcerated person. They allowed William Henry Hutchison to enter the jail cell with his shoe strings.

WHEREFORE, PREMISES CONSIDERED, Plaintiff sues and demands judgment of and from the Defendants, STONE COUNTY, MISSISSIPPI; WARDEN FRANKLIN BREWER, in his individual and official capacities; STONE COUNTY CORRECTIONAL FACILITY, SHERIFF MIKE FARMER, in his individual and official capacities; and STONE COUNTY BOARD OF SUPERVISORS, in the full sum of \$1,000,000, plus attorney fees, interest, and court costs incurred herein.

Respectfully submitted,

ASHLEY NICOLE HAYES,
ADMINISTRATOR OF THE ESTATE OF
WILLIAM HENRY HUTCHISON AND
THE HEIRS AT LAW OF THE ESTATE
OF WILLIAM HENRY HUTCHISON,
PLAINTIFFS

BY: 
MICHAEL W. CROSBY

BY: Ashley Nicole Hayes
ASHLEY NICOLE HAYES

STATE OF MISSISSIPPI

COUNTY OF HUTCHISON

AFFIDAVIT

PERSONALLY CAME and appeared before me, the undersigned authority in and for the above stated jurisdiction, the within named, ASHLEY NICOLE HAYES, who, after being by me first duly sworn, stated on her oath that the things, matters and statements contained in the above and foregoing Complaint are true and correct as therein stated and as to those things stated on information or belief, she verily believes them to be true, and that she has signed, and delivered this document as her voluntary act ad deed on the day and year therein mentioned.

WITNESS MY SIGNATURE, this the 12 day of March, 2015.

Ashley N. Hayes
Ashley Nicole Hayes

SWORN TO AND SUBSCRIBED before me, this the 12 day of March, 2015.

Terry Sullivan
Notary Public

Prepared by:
Michael W. Crosby (MSB #7888)
Attorney at Law
2111 25th Avenue
Gulfport, MS 39501
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